CLAIMS AS FILED - PART I

A

FOR	(Column 1) NUMBER FILED	(Column 2) NUMBER EXTRA	SMALL ENTITY TYPE ☐		OR	OTHER THAN SMALL ENTITY	
			RATE	FEE		RATE	FEE
BASIC FEE				395.00	OR		790.00
TOTAL CLAIMS	35 minus 20 =	* 15	x$11=		OR	x$22=	
INDEPENDENT CLAIMS	6 minus 3 =	* 3	x41=		OR	x82=	
MULTIPLE DEPENDENT CLAIM PRESENT			+135=		OR	+270=	
			TOTAL		OR	TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

B

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
					RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
Total	* 31	Minus	** 35	=	x$11=		OR	x$22=	
Independent	* 6	Minus	*** 6	=	x41=		OR	x82=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+135=		OR	+270=	
					TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	RATE	ADDI-TIONAL FEE	OR	RATE	ADDI-TIONAL FEE
Total	*	Minus	**	=	x$11=		OR	x$22=	
Independent	*	Minus	***	=	x41=		OR	x82=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+135=		OR	+270=	
					TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	RATE	ADDI-TIONAL FEE	OR	RATE	ADDI-TIONAL FEE
Total	*	Minus	**	=	x$11=		OR	x$22=	
Independent	*	Minus	***	=	x41=		OR	x82=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+135=		OR	+270=	
					TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

NOTICE OF FILING/CLAIM FEE(S) DUE
TO ENSURE PROPER CREDIT OF FEES, PLEASE RETURN A COPY OF THIS FEE CALCULATION SHEET WITH YOUR RESPONSE.

APPLICATION NUMBER: _____

Total Fee Calculation

	Fee Code	Total # Claims	Number Extra	X	Fee	Fee =	Total
	Sm./Lg.				Sm. Entity	Lg. Entity	
Basic Filing Fee	201/101				___	790	790
Total Claims >20	203/103	35	-20 = 15	X	___	22	330
Independent Claims >3	202/102	6	-3 = 3	X	___	82	246
Mult. Dep Claim Present	204/104				___	270	270
Surcharge	205/105				___	130	130
English Translation	139						___

TOTAL FEE CALCULATION   ___

Fees due upon filing the application:

Total Filing Fees Due = $ ____1766____

Less Filing Fees Submitted - $ _____

BALANCE DUE = $ ___1766___

RAM

_____
Office of Initial Patent Examination